

EXHIBITS U - Z

EXHIBIT U

Kenneth T. Vail
4513 Greenfield Road
Bethlehem PA 18017
610.868.8061 – home
484.433.2577 – cell
Kenmtb1@msn.com
Kvail@harleysvillgroup.com
June 26, 2000

J. Spence Reid, MD.
Orthopaedics and Rehabilitation
PennState Geisinger Health System – HMC
Via Fax 717.531.7583 – 2 pages total

EXHIBIT

VAIL - 16
3-24-04

RE: Disability Record Form
Admitted 06/02/2000, Discharged 06/10/2000
MR # 1072398, Trauma # 362142

Dear Dr. Reid:

Attached is a Disability Record Form that my employer, Harleysville Insurance Companies, instructed me to send to you for information about my injury and disability. Please fax the completed form to Jenny Hill Ludwig, Occupational Health Nurse, at 215.256.5602 (ASAP) by July 7, 2000.

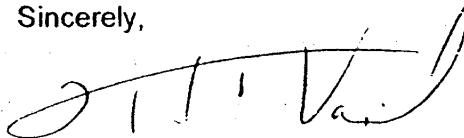
I am a Regional Loss Control Manager for Harleysville. This position normally involves office work (sitting, walking, standing, carrying laptop PC bag & briefcase) and field travel (driving company car) to client locations (various commercial business operations) to observe & coach my staff of Loss Control Consultants. There is normally occasional overnight travel required.

My boss, Gary Weinstein, VP of Loss Control & Premium Audit, approved me to temporarily work from home, on a flexible schedule, in my residential office. I started this on June 19, 2000. This work involves using a personal computer and the phone. This arrangement is working OK, provided that I take frequent enough breaks throughout the day as needed.

I would appreciate actively returning to work by August 28, 2000, provided that it is safe to do so. I am scheduled to be presenter/speaker at an off-site professional development conference for Harleysville during that week, at the Holiday Inn in Grantville PA (relatively near HMC). This will involve overnight travel for me.

I would appreciate a call if you have ANY questions about the scope of my normal or temporary duties. My contact info is shown above. ***Thanks again for the excellent treatment that you and your staff have provided to me. I really appreciate it. I am following your advice and I look forward to an effective recovery.*** My next appointment to see you is scheduled for July 19, 2000 at HMC. Thanks again.

Sincerely,



Kenneth T. Vail



The Harleysville Insurance Companies

DISABILITY RECORDDATE: 6/22/00 RECEIVED 06-24-2000 UTVPlease return this form by 7/7/00 to Jenny Hill, Occupational Health Nurse, or Fax to: 215-256-5602 ← DZ REID**SECTION 1 (IMPORTANT: The following authorization must be completed by the patient.)**

To all physicians concerning the disability described in Section II and other agencies: You are authorized to permit The Harleysville Insurance Companies to obtain or view information pertaining to the examination, treatment, history and prescriptions of:

Name of Patient: KENNETH VAILDate of Birth: 11-16-1957Patient's Signature: K. L. VailDate: 06-26-2000

INSTRUCTIONS TO PHYSICIAN: The employee named in Section I has been under your care. Please complete this form and mail to Harleysville Insurance Companies, 355 Maple Avenue, Harleysville, PA 19438.

SECTION II: ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: _____

Nature of illness or injury (describe any complications) _____

Diagnosis Code: _____

Is this condition related to an automobile accident? Yes No If Yes, date of accident: _____Is this condition work-related? Yes No If Yes, explain: _____

Prognosis: _____

Studies Ordered: _____

Treatment Provided: _____

Follow-up Provided: _____

Referral: _____

The patient has been continuously disabled (unable to perform job duties) from _____ through _____

 May return to work – with no restrictions on _____ May return to work with the following restrictions:

Light-Duty Work on _____ (explain below)

Reduced Work Week on _____ (explain below)

REMARKS: _____

NOTE TO PHYSICIAN: We encourage early return to work following disability through a light-duty and/or reduced work program. We may contact you shortly for your input.

DATE _____

NAME _____

PLEASE PRINT _____

Signed _____

Address _____

Phone _____

EXHIBIT V



The Harleysville Insurance Companies

DISABILITY RECORD

DATE: 6/22/00 RECEIVED 06-24-2000 UTV

Please return this form by 7/7/00 to Jenny Hill, Occupational Health Nurse, or Fax to: 215-256-5602 ← DR REID

SECTION I (IMPORTANT: The following authorization must be completed by the patient.)

To all physicians concerning the disability described in Section II and other agencies: You are authorized to permit The Harleysville Insurance Companies to obtain or view information pertaining to the examination, treatment, history and prescriptions of:

Name of Patient: KENNETH VAILDate of Birth: 11-16-1957Patient's Signature: K. L. VailDate: 06-26-2000

INSTRUCTIONS TO PHYSICIAN: The employee named in Section I has been under your care. Please complete this form and mail to Harleysville Insurance Companies, 355 Maple Avenue, Harleysville, PA 19438.

SECTION II: ATTENDING PHYSICIAN'S STATEMENTPatient's Name: Kenneth VailNature of illness or injury (describe any complications): Gunshot wound to right shoulder with bullet in
 Diagnosis Code: 820.00Is this condition related to an automobile accident? Yes No If Yes, date of accident: _____Is this condition work-related? Yes No If Yes, explain: _____Prognosis: good

Studies Ordered:

Treatment Provided: ORIF of Right shoulder | 1/4 DoF Bullet | 1/4 DoF BulletFollow-up Provided: 2100Referral: N/AThe patient has been continuously disabled (unable to perform job duties) from 6/2/00 through Present. May return to work - with no restrictions on _____ May return to work with the following restrictions:

Light-Duty Work on _____ (explain below)

Reduced Work Week on _____ (explain below)

REMARKS: _____

NOTE TO PHYSICIAN: We encourage early return to work following disability through a light-duty and/or reduced work program. We may contact you shortly for your input.

DATE 7/6/00*Donna Harris*

717-531-7583

NAME J. Speer, Rnid, RPASigned *J. Speer, Rnid, RPA*Address 10 Box 850Phone 717-531-4800*10 Box 850**Hanover, PA 17033**717-531-4800*

EXHIBIT W

Weinstein, Gary

From: Vail, Kenneth
Sent: Thursday, August 10, 2000 12:40 PM
To: Weinstein, Gary
Subject: Ken's Return to Office - Aug 21, 2000

Gary

My Dr. approved me to return to the office on August 21, 2000. I am to use 1 crutch to walk, until my next Dr. visit. My next medical evaluation is scheduled for September 6, 2000. Until then, I'm restricted from putting full body weight on my trauma leg. I can walk with a crutch, sit, & stand, & I'm restricted to lifting a max of 30 lbs. Please let me know if any arrangements need to be made with Building Services for phone/PC connections, or for office furniture. Thanks.

Ken

EXHIBIT X



PennState Geisinger
Health System

Case 2:02-cv-02933-JKG Document 21-11 Filed 07/15/2004 Page 10 of 39

P.O. Box 850 Hershey, PA 17033-0850
Phone: (717) 531-8521

PCS 22 7/97

NAME Ken Vail HT. _____ WT. _____ AGE _____
ADDRESS _____ DATE 8/3/00
PATIENT NO. _____

R

*May return to
work on 8/21/00.*

Label All Prescriptions
Refill Times

EXHIBIT

VAIL-23
3-24-04 WDC

J. Spence Reid, M.D.

NAME (Please Print) _____ M.D./D.O. _____

MD 038406 E

LICENSE

D.E.A. REG. NO.

J. Spence Reid, M.D.
SUBSTITUTION PERMISSIBLE M.D./D.O.
IN ORDER FOR A BRAND NAME
PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HANDWRITE "BRAND
NECESSARY" OR "BRAND MEDICALLY
NECESSARY" IN THE SPACE BELOW.

129
VAIL

EXHIBIT

VAIL-24
3-24-04 *adC*

PENNSTATE

The Milton S. Hershey Medical Center
The College of Medicine

P.O. Box 850, Hershey, PA 17033-0850
Phone: (717) 531-8521

PCS 22600

NAME Gennean Vail HT _____ WT _____ AGE _____
ADDRESS _____ DATE 8/9/00
PATIENT NO. _____

R

Label All Prescriptions
Refill Times

*Do not RTW on
8/21/00 may not carry any objects
> 50 lbs. until further notice*

J. Spence Reid, M.D.

NAME (Please Print)

M.D./D.O.

MD 038406 E

LICENSE

D.E.A. REG. NO.

J. Spence Reid

SUBSTITUTION PERMISSIBLE M.D./D.O.
IN ORDER FOR A BRAND NAME
PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HANDWRITE "BRAND
NECESSARY" OR "BRAND MEDICALLY
NECESSARY" IN THE SPACE BELOW.

VAIL 392

EXHIBIT Y



Phone: (215) 569-5584
Fax: (215) 832-5594
Email: reid@blankrome.com

April 9, 2004

VIA FEDERAL EXPRESS

J. Spence Reid, M.D.
Assistant Professor
Penn State-Hershey Medical Center
500 University Drive
Hershey, PA 17033

Re: Kenneth T. Vail v. Harleysville Group, Inc.
Civil Action No. 02CV2933

Dear Dr. Reid:

Please be advised that this office represents the Defendant in the above-referenced matter. Enclosed is a signed authorization by Kenneth T. Vail and a subpoena requiring you to produce records on Wednesday, April 21, 2004. The subpoena seeks copies of any and all records relating to Kenneth T. Vail, date of birth, November 16, 1957, Social Security No. 174-52-6320. A personal appearance will not be necessary if you provide us, no later than Wednesday, April 21, 2004, with copies of these records. The records should be sent to my attention at Blank Rome LLP, One Logan Square, Philadelphia, PA 19103. We apologize for burdening you with this request, but it is necessary to defend against the claims brought by Mr. Vail.

Thank you for your attention to this matter. Please advise us of any costs associated with this request, and we will promptly reimburse you. If you have any questions regarding compliance with this subpoena, please do not hesitate to contact me.

Very truly yours,

Julie E. Reid

JER/vc
Enclosure

cc: Donald P. Russo, Esquire

One Logan Square 18th & Cherry Streets Philadelphia, PA 19103-6998
www.BlankRome.com

**Issued by the
UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA**

Kenneth T. Vail, : **SUBPOENA IN A CIVIL CASE**
Plaintiffs, :
v. :
: :
Harleysville Group, Inc., : Defendants. : Civil Action No.¹ 02-CV-2933
: (Eastern District of Pennsylvania)

TO: J. Spence Reid, M.D., Assistant Professor, Penn State-Hershey Medical Center,
500 University Drive, Hershey, PA 17033

YOU ARE COMMANDED to appear in the United States District Court at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: McNees, Wallace & Nurick, LLC 100 Pine Street Harrisburg, PA 17101	DATE AND TIME: Wednesday, April 21, 2004 – 10:00 a.m.
--	--

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):

**All records relating to Kenneth T. Vail, Date of birth November 16, 1957,
Social Security No. 174-52-6320**

PLACE McNees, Wallace & Nurick, LLC 100 Pine Street Harrisburg, PA 17101	DATE AND TIME Wednesday, April 21, 2004 – 10:00 a.m.
---	---

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES _____ DATE AND TIME _____

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE:  Michael J. Redden, Attorney for Defendant	DATE: April 9, 2004
--	------------------------

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER:

**Julie E. Reid, Esquire, Blank Rome LLP, One Logan Square, Philadelphia, PA 19103
(215-569-5584)**

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

¹ If action is pending in district other than district of issuance, state district under case number.

RECEIVED 3-19-2004

KTV

Authorization to Use and/or Disclose Health Information

1. **Patient.** I, Kenneth T. Vail, date of birth November 16, 1957, Social Security No. 17452-6326 authorize Dr. J. Spence Reid and his personnel to use or disclose health information as described in this form.
2. **Identity of Person Authorized to Receive this Information.**
Dr. J. Spence Reid may disclose (give) my health information identified below to Blank Rome LLP, One Logan Square, Philadelphia, PA 19103.
3. **Description of Reason For Disclosure.** Blank Rome LLP may use or disclose my health information for the following purpose(s):
 At request of patient [No description required]
 Other: Please describe purpose in response to subpoena in litigation
4. **Description of Information to be Used or Disclosed.** I authorize the use or disclosure of the following health information and/or records:
My complete medical file, including records relating to treatment received, doctor's notes, and history of prescriptions.

*The following items must be initialed to be included in the use or disclosure of these types of health information:

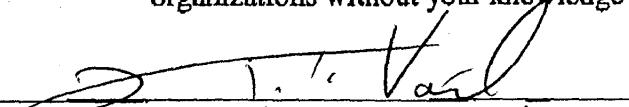
*HIV/AIDS related health information and/or records
 *Mental health information and/or records
 *Genetic testing information and/or records
 *Drug/alcohol diagnosis, treatment, and/or referral information

Pennsylvania law restricts the purposes for which disclosures may be made. Federal regulations require a description of how much and what kind of information is to be disclosed. Federal law prohibits the redisclosure of such information.

5. **Expiration.** This authorization expires upon the following date or event: 90 DAYS from date signed (NINETY) 0145

6. Notice To Patient

- a. You may revoke this authorization at any time except to the extent Dr. J. Spence Reid has taken action in reliance upon this authorization.
- b. You may refuse to sign this authorization. You do not need to sign this authorization to receive services from Dr. J. Spence Reid. If you refuse to sign this authorization, you will not be denied any treatment or benefits to which you were otherwise entitled.
- c. Once your information is disclosed pursuant to this authorization, it may no longer be protected by Federal privacy law, and the person or organization that receives your information may have the legal right to disclose the information to other people or organizations without your knowledge or consent.


Signature Patient or Personal Representative

Date

03-31-2004

Print Name of Personal Representative
(if applicable)

Relationship of Personal Representative
to Patient

If this authorization is signed by someone who is not the patient listed at the top of this form, provide a description of the signer's authority to act for the patient.

The patient will be provided with one copy of this form.



IP 6-10-00

1072398

Phone: (215) 569-5584
 Fax: (215) 832-5594
 Email: reid@blankrome.com

April 12, 2004

VIA FEDERAL EXPRESS

Charles Davis, M.D.
 Assistant Professor
 Penn State-Hershey Medical Center
 500 University Drive
 Hershey, PA 17033

Re: Kenneth T. Vail v. Harleysville Group, Inc.
Civil Action No. 02CV2933

Dear Dr. Davis

Please be advised that this office represents the Defendant in the above-referenced matter. Enclosed is a copy of the signed authorization by Kenneth T. Vail, the original of which was sent to you by letter dated April 9, 2004, and a REVISED subpoena requiring you to produce records on Wednesday, April 21, 2004. The subpoena seeks copies of any and all records relating to Kenneth T. Vail, date of birth, November 16, 1957, Social Security No. 174-52-6320. A personal appearance will not be necessary if you provide us, no later than Wednesday, April 21, 2004, with copies of these records. The records should be sent to my attention at Blank Rome LLP, One Logan Square, Philadelphia, PA 19103. We apologize for burdening you with this request, but it is necessary to defend against the claims brought by Mr. Vail.

Thank you for your attention to this matter. Please advise us of any costs associated with this request, and we will promptly reimburse you. If you have any questions regarding compliance with this subpoena, please do not hesitate to contact me.

Very truly yours,

 Julie E. Reid

JER/nc
 Enclosure
 cc: Donald P. Russo, Esquire

One Logan Square 18th & Cherry Streets Philadelphia, PA 19103-6998
www.BlankRome.com

**Issued by the
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

Kenneth T. Vail,

Plaintiffs,

v.

Harleysville Group, Inc.,

Defendants.

SUBPOENA IN A CIVIL CASECivil Action No.¹ 02-CV-2933
(Eastern District of Pennsylvania)

TO: Charles Davis, M.D., Assistant Professor, Penn State-Hershey Medical Center,
500 University Drive, Hershey, PA 17033

YOU ARE COMMANDED to appear in the United States District Court at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION:

Blank Rome LLP

One Logan Square

Philadelphia, PA 19103

DATE AND TIME:

Wednesday, April 21, 2004 – 10:00 a.m.

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):

All records relating to Kenneth T. Vail, Date of birth November 16, 1957,
Social Security No. 174-52-6320

PLACE

Blank Rome LLP

One Logan Square

Philadelphia, PA 19103

DATE AND TIME

Wednesday, April 21, 2004 – 10:00 a.m.

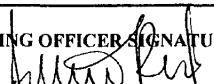
YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE:

 , Attorney for Defendant

DATE:

April 12, 2004

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER:

Julie E. Reid, Esquire, Blank Rome LLP, One Logan Square, Philadelphia, PA 19103
(215-569-5584)

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

1 If action is pending in district other than district of issuance, state district under case number.

Received 3-19-2004
KRN

Authorization to Use and/or Disclose Health Information

- Patient.** I, Kenneth T. Vail, date of birth November 16, 1957, Social Security No. 174-52-6326, authorize Dr. Charles Davis and his personnel to use or disclose health information as described in this form.
- Identity of Person Authorized to Receive this Information.**
Dr. Charles Davis may disclose (give) my health information identified below to Blank Rome LLP, One Logan Square, Philadelphia, PA 19103.
- Description of Reason For Disclosure.** Blank Rome LLP may use or disclose my health information for the following purpose(s):
 - At request of patient [No description required]
 - Other: Please describe purpose in response to subpoena in litigation
- Description of Information to be Used or Disclosed.** I authorize the use or disclosure of the following health information and/or records:
My complete medical file, including records relating to treatment received, doctor's notes, and history of prescriptions.

*The following items must be initialed to be included in the use or disclosure of these types of health information:

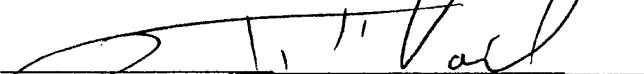
- *HIV/AIDS related health information and/or records
- *Mental health information and/or records
- *Genetic testing information and/or records
- *Drug/alcohol diagnosis, treatment, and/or referral information

Pennsylvania law restricts the purposes for which disclosures may be made. Federal regulations require a description of how much and what kind of information is to be disclosed. Federal law prohibits the redisclosure of such information.

- Expiration.** This authorization expires upon the following date or event: 90 DAYS - KTV
date signed (NINETY)
days

6. Notice To Patient

- a. You may revoke this authorization at any time except to the extent Dr. Charles Davis has taken action in reliance upon this authorization.
- b. You may refuse to sign this authorization. You do not need to sign this authorization to receive services from Dr. Charles Davis . If you refuse to sign this authorization, you will not be denied any treatment or benefits to which you were otherwise entitled.
- c. Once your information is disclosed pursuant to this authorization, it may no longer be protected by Federal privacy law, and the person or organization that receives your information may have the legal right to disclose the information to other people or organizations without your knowledge or consent.


Signature Patient or Personal Representative03-31-2004
DateN/A
Print Name of Personal Representative
(if applicable)Relationship of Personal Representative
to Patient

If this authorization is signed by someone who is not the patient listed at the top of this form, provide a description of the signer's authority to act for the patient.

The patient will be provided with one copy of this form.

PENNSTATE

Milton S. Hershey Medical Center
College of Medicine

Milton S. Hershey Medical Center
R.O.I. Mail Code HU24
P.O. Box 850
Hershey, PA 17033
717-531-8059

Dear

Julie E. Reid

This letter is to inform you that the medical records you requested on HMC patient Kenneth T. Vail, regarding the treatment of Dr(s). Davis & Reid, and those of the Milton S. Hershey Medical Center are one in the same. Only one subpoena was needed to process your request. Should you have any questions, please call the Release of Information staff at 717-531-8059.

Signature

Maria

Date

4-15-04



PROGRESS REPORT

Date/Time

PROGRESS NOTES: (Include Name, Title)

DATE

PATIENT'S NAME

MEDICAL RECORD NO.

Pain

9-16-00 Vail, Kenneth

10702398

PennState Geisinger
Health System
PROGRESS NOTESSEND ORIGINAL
TO MEDICAL RECORDS

Sp 60° to QLE - Sustained (R) Instability
Fx - occ on 4/2/2000 c. revision on 5/2000
feeling much better - Back to work
as a manager - on feet using 1 crutch
no therapy - no pain meds (R) Job

P/S: Good mom

X-ray - healing well

doing
very
well

(R) hip full ROM

Some rotation

feel (R) hip Bursa - Nerves IF not both may need to adjust
A/P Abd Doctor Strength with Physical to
Cane long distance - Gait strong
Nothing short distances
No x-rays @ next visit RTC → 1 month

TO MEDICAL RECORDS
PN-102799 (REV 7/97) VERAPennState Geisinger
Health System
PROGRESS NOTES

DATE

PATIENT'S NAME

6/21/00 Vail, Kenneth

MEDICAL RECORD NO.

1072398

Penn State Geisinger

SEND ORIGINAL
TO MEDICAL RECORDS

0 weeks s/p shoulder & arm

dog well
KilPE/meds - intact
sutures 8/1
NWB
start states uprightP/A + ROM well
(- active
=) specification resolution
no limitation of ROM wellPennState Geisinger
Health System
PROGRESS NOTES

DATE

PATIENT'S NAME

7/19/00

Vail, Kenneth

MEDICAL RECORD NO.

1072398

005-6/5/00

45 y/o ♂ s/p (R) intertrochanteric 6/15/00

2° gunshot wound. pt has been PF NWB. pt doing well.

PE: inc well-healed
deltoid NWJ

X-rays: R/L - (R) WP - fixation intact, healing well

A/P begin active abduction
My start stationary 5/14
50% WB (R) LEKil
7/25/00SEND ORIGINAL
TO MEDICAL RECORDSPennState Geisinger
Health System
PROGRESS NOTES

DATE

PATIENT'S NAME

8/9/00 Vail Kenneth

MEDICAL RECORD NO.

1072398

8 1/2 weeks S/P GSW (R) I.D.P.

Incision all CDI. RIC 3 wks
minimal painKil
7/18 x-raySEND ORIGINAL
TO MEDICAL RECORDSPennState Geisinger
Health System
PROGRESS NOTESX-ray stable position -
some healing
A/P Ambulation & Transfer
My RIC 8/21
Oric 8/21

Kil

EXHIBIT Z

240795

BLANK + ROME LLP
COUNSELORS AT LAW

RECD APR 20 2004

Phone (215) 569-5584
Fax (215) 832-5594
Email reldi@blankrome.com

April 9, 2004

VIA FEDERAL EXPRESS

Brian Boyle
and/or Muhlenberg Hospital Center-Point North
2545 Schoenersville Road
Bethlehem, PA 18018

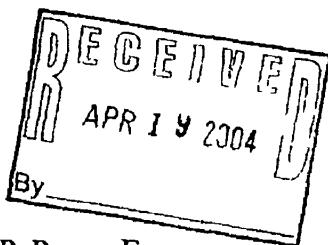
**Re: Kenneth T. Vail v. Harleysville Group, Inc.
Civil Action No. 02CV2933**

Dear Sir or Madam:

Please be advised that this office represents the Defendant in the above-referenced matter. Enclosed is a signed authorization by Kenneth T. Vail and a subpoena requiring you to produce records on Wednesday, April 21, 2004. The subpoena seeks copies of any and all records relating to Kenneth T. Vail, date of birth, November 16, 1957, Social Security No. 174-52-6320. A personal appearance will not be necessary if you provide us, no later than Wednesday, April 21, 2004, with copies of these records. The records should be sent to my attention at Blank Rome LLP, One Logan Square, Philadelphia, PA 19103. We apologize for burdening you with this request, but it is necessary to defend against the claims brought by Mr. Vail.

Thank you for your attention to this matter. Please advise us of any costs associated with this request, and we will promptly reimburse you. If you have any questions regarding compliance with this subpoena, please do not hesitate to contact me.

JER/vc
Enclosure
cc: Donald P. Russo, Esquire



Very truly yours

J. M. E. Reid

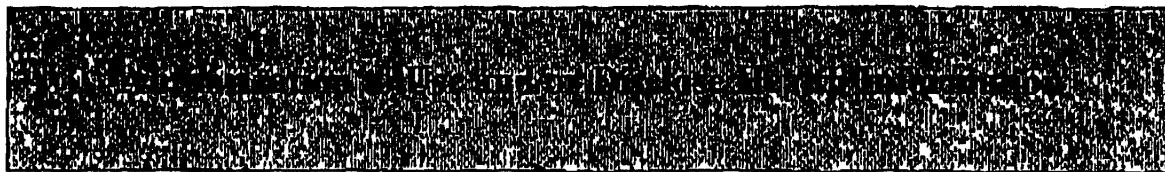
CHARTONE			
Date	4-19-04		
Request #	26		
Pages	10		
Assoc			
non	pre	cnc	cert
pat	std	sts	comp
sgo	log	p/u	scan

One Logan Square 18th & Cherry Streets Philadelphia, PA 19103-6998
www.BankRome.com



Received 3-19-2004

KTV



1. **Patient.** I, Kenneth T. Vail, date of birth November 16, 1957, Social Security No. 174-52-6320 authorize Brian Boyle, PT and his personnel to use or disclose health information as described in this form.

2. **Identity of Person Authorized to Receive this Information**

Brian Boyle, PT may disclose (give) my health information identified below to Blank Rome LLP, One Logan Square, Philadelphia, PA 19103.

3. **Description of Reason For Disclosure.** Blank Rome LLP may use or disclose my health information for the following purpose(s):

At request of patient [No description required]

Other Please describe purpose in response to subpoena in litigation

4. **Description of Information to be Used or Disclosed.** I authorize the use or disclosure of the following health information and/or records:

My complete medical file, including records relating to treatment received, doctor's notes, and history of prescriptions.

*The following items must be initialed to be included in the use or disclosure of these types of health information:

*HIV/AIDS related health information and/or records
 *Mental health information and/or records
 *Genetic testing information and/or records
 *Drug/alcohol diagnosis, treatment, and/or referral information

Pennsylvania law restricts the purposes for which disclosures may be made. Federal regulations require a description of how much and what kind of information is to be disclosed. Federal law prohibits the redisclosure of such information.

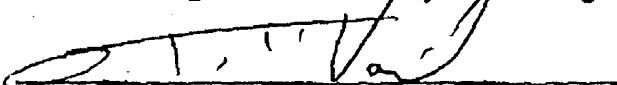
5. **Expiration.** This authorization expires upon the following date or event. 90 days from date signed 90 045 - KTV

(NINETY)
days

Page 1 of 2

6. Notice To Patient

- a. You may revoke this authorization at any time except to the extent Brian Boyle, PT has taken action in reliance upon this authorization.
- b. You may refuse to sign this authorization. You do not need to sign this authorization to receive services from Brian Boyle, PT. If you refuse to sign this authorization, you will not be denied any treatment or benefits to which you were otherwise entitled.
- c. Once your information is disclosed pursuant to this authorization, it may no longer be protected by Federal privacy law, and the person or organization that receives your information may have the legal right to disclose the information to other people or organizations without your knowledge or consent.


Signature Patient or Personal Representative

03-31-2004
Date

N/A
Print Name of Personal Representative
(if applicable)

Relationship of Personal Representative
to Patient

If this authorization is signed by someone who is not the patient listed at the top of this form, provide a description of the signer's authority to act for the patient.

The patient will be provided with one copy of this form.

**Issued by the
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

Kenneth T. Vail, : **SUBPOENA IN A CIVIL CASE**
Plaintiffs, :
v. :
Harleysville Group, Inc., :
Defendants. : **Civil Action No.¹ 02-CV-2933**

TO: Brian Boyle, PT and/or Muhlenberg Hospital Center- Point North
2545 Schoenersville Road, Bethlehem, PA 18018

YOU ARE COMMANDED to appear in the United States District Court at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

X YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: Blank Rome LLP, One Logan Square, Philadelphia, PA 19103	DATE AND TIME: Wednesday, April 21, 2004 – 10:00 a.m.
--	--

X YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):

**All records relating to Kenneth T. Vail, Date of birth November 16, 1957,
Social Security No. 174-52-6320**

PLACE Blank Rome LLP, One Logan Square Philadelphia, PA 19103	DATE AND TIME Wednesday, April 21, 2004 – 10:00 a.m.
--	---

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME
----------	---------------

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE:  Attorney for Defendant	DATE: April 9, 2004
---	-------------------------------

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER:

**Julie E. Reid, Esquire, Blank Rome LLP, One Logan Square, Philadelphia, PA 19103
(215-569-5584)**

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

¹ If action is pending in district other than district of issuance, state district under case number.

→ See other side

PROOF OF SERVICE

SERVED	DATE :	PLACE :
SERVED ON (PRINT NAME)	MANNER OF SERVICE	
SERVED BY (PRINT NAME)	TITLE	

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
(DATE)

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party servicing the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;
(ii) requires a person who is not a party or an officer of an party to travel to a place more than 100 miles from the place where that person resides,

is employed or regularly transacts business in person, except that, subject to the provisions in clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or
(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or
(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce the documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications or things not produced that is sufficient to enable the demanding party to contest the claim.

12/06/2000 19:12

5108612595

POINTE NORTH

MUHLENBERG HOSPITAL CENTER

2148 Bensenville Rd. • Bensenville, IL 60107-7304

DATE: 12/6/00

□ PHYSICAL □ OCCUPATIONAL □ SPEECH THERAPY

□ Muhlenberg Hospital Phone: 484-884-2851 Fax: 484-884-2917

□ Pointe North Clinic Phone: 484-884-4945 Fax: 484-884-2595

PROGRESS REPORT / RECERTIFICATION / DISCHARGE SUMMARY

Patient Name	Account Number	Diagnosis	Medical Certification Form
Vail, Kenneth	64587470	(R) hip fx	

Dear Dr. Reid

The above patient has been receiving therapy at Muhlenberg Hospital Center's Occupational Rehabilitation Department. The treatment program has included: (R) mobilization, (R) pre-operative resistive exercise, to increase strength and ROM, and written Home Exercise Program and has consisted from 9/18/00 to 11/24/00. Total # of Treatments: 16 Cancellations: 0 No Shows: 0

Current work status: NA X Full Duty Not Working Modified Duty

SUBJECTIVE/OBJECTIVE: Pt reports he has a pain (R) hip, which he describes as a Bursitis.

ROM: (R) hip WNL all planes

Strength: Deltoid 5/5, Pt now only presents a Trendelenburg gait (R) LE
A single leg stance phase of gait ~35% of running time.Function: Pt has progressed to jogging 1/4 mile on soft surfaces. Pt is also performing
sprints at ~75% of maximum velocity (6 repetitions of 50 yards)

Pt has been (1) x all ADL's. Pt also has returned to moderate lifting.

GOALS	New (N)	Unmet (U)	Met (M)	Target Date
Pt will tolerate 5 min of easy jogging.			M	11/29/00
Pt will increase (R) hip flexion and (R) IT Band ROM to WNL			M	11/29/00
Pt will be (E) in HEP (Home Exercise Program), and continue in fitness program			Ongoing	

ASSESSMENT: Mr. Vail is a 42 y.o. Wm w/o traumatic (R) hip. Pt has made a significant amount of progress in his recovery. Pt has met all above outcomes.

PLAN OF CARE: Pt is in agreement in D/C from PT and continued fitness / running

New Orders:

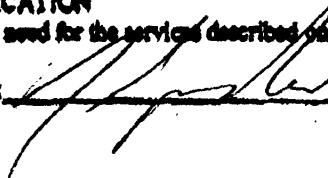
Sincerely, Brian J. Boyle (Brian J. Boyle)
Therapist

Continues therapy for:

D/C Hold

PHYSICIAN CERTIFICATION / RECERTIFICATION

I have reviewed the plan of care and certify the need for the services described on the plan.

Physician Signature: 

Date: 12/6/00

**MUHLENBERG
HOSPITAL CENTER**

1545 Schenonville Rd. • Bethlehem, PA 18017-7384

DATE: 12/6/00

PHYSICAL OCCUPATIONAL SPEECH THERAPY

Muhlenberg Hospital Phone: 484-884-2251 Fax: 484-884-2917

Polite North Clinic Phone: 484-884-4245 Fax: 484-884-2595

PROGRESS REPORT / RECERTIFICATION / DISCHARGE SUMMARY

Patient Name	Account Number	Diagnosis	Medicare Recertification Period
Vail, Kenneth	64587470	(R) hip fx	10

Dear Dr. Rerd

The above patient has been receiving therapy at Muhlenberg Hospital Center's Outpatient Rehabilitation Department.

The treatment program has included: Modalities prn (HP, CP) progressive resistive exercise, to increase strength and ROM, and written Home Exercise Program

and has occurred from 9/18/00 to 11/29/00. Total # of Treatments: 16 Cancellations: 0 No Shows: 0

Current work status: N/A Full Duty Not Working Modified Duty

SUBJECTIVE / OBJECTIVE: Pt reports he has a pain (R) hip which he describes as a Bursitis.

ROM: (R) hip WNL all planes

Strength: Open chain mmt 5/5. Pt now only presents a Trendelenburg gait (R) LE in single leg stance phase of jogging ~25% of running time.

Function: Pt has progressed to jogging $\frac{1}{4}$ mile on soft surfaces. Pt is also performing sprints at ~70% of maximum velocity (6 repetitions of 50 yards)

Pt. has been (2) \pm all ADL's. Pt also has returned to mountain biking.

GOALS	New (N)	Current (U)	Met (M)	Target Date
Pt will tolerate 5 min of easy jogging.			M	11/29/00
Pt will increase (R) hip flex m. and (R) IT Band Runn. to WNL			M	11/29/00
Pt will be (2) in HEP (Home Exercise Program) and continue in fitness program				Ongoing

ASSESSMENT: Mr. Vail is a 42 y.o. Wm s/o traumatic (R) hip fx. Pt has made

a significant amount of progress in his running. Pt has met all above outcomes.

PLAN OF CARE: Pt is in agreement in D/C from PT and continued fitness / running program

Sincerely, Brian J. Boyle, PT, MS, CHT (BRIAN J. BOYLE)
Therapist

New Orders

Continue therapy for: _____ D/C _____ Hold _____

PHYSICIAN CERTIFICATION / RECERTIFICATION

I have reviewed the plan of care and certify the need for the services described on the plan.

Physician Signature: _____ Date: _____

DATE:	PATIENT NAME: Verl, Kenneth	PATIENT I.D.# 64587470
11/27/00	S: Pt states, "I noticed a slg improvement in my running today!"	
O:	Pt. Started off in jogging 2 laps around parking lot ~1/4 mile then performed side shuffling 6 x 30 yards in 15 sec followed by accelerating in the groove. Pt. ran 6 x 20 yards in no pain in his R thigh and increased speed this session. Pt. then was instructed in and performed the ex as outlined in sheet (1) handsid of chart. Pt instructed to continue in HEP on own.	
	Pt verbalized understanding.	
A:	Pt in increased speed during accelerations. Tolerating all treatment well. 2 more sessions than d/c to fitness.	
P:	Pt: Continue in or for runs & then (1) h/p and pt in agreement for d/c - B.J. Byle, PT, M.S., C.S.	
11/29/00	S: Pt states, "I am running better today!"	
O:	Pt. Started off in jogging in parking lot ~1/4 mile followed by skipping 6 x 30 yards in increased stride length followed by jumping rope x 3 min followed by the ex as outlined in sheet (1) handsid of chart. Pt given black folder and written HEP on own.	
	Pt demonstrated understanding.	
A:	Pt continues to increase stride length and speed in running. Will d/c to next visit to make sure pt ok in HEP.	
P:	Continue in PT for 1 session then d/c to fitness. Pt in agreement - B.J. Byle, PT, M.S., C.S.	
12/6/00	Pt seen by PT for no charge visit to ensure pt ok in HEP. Pt demonstrated and verbalized understanding and offered no reports of increased pain or decreased function.	
	Please refer to d/c summary in chart for full details. Pt in agreement in all above.	
	D/C pt from PT this date.	

Muhlenberg Hospital Center
1545 Schoenersville Road
Bethlehem, PA 18017-7384

PHYSICAL THERAPY PROGRESS NOTES
SEQ# 1235 (5/91)

ATE:	PATIENT NAME: Vail, Kenneth	PATIENT I.D.# 64587400
15/00	S: Pt states, "I feel pretty good lets try to run".	
	O: Pt started off \approx jogging 27 yards on grass $10 \times 10 \approx$ 5 m sprints starts $\times 10$. Pt then jogged \approx $\frac{1}{2}$ of a mile (1 lap around outside parking lot) followed by the exercises as outlined in sheet (1) hands side of chart. Pt. requested to shorten session \approx work time constraints and hurry on appointment \approx ^{earlier B1B} PT. Pt instructed to continue \approx HEP on own and use CP for (B) LF.	
	A: Pt continues \approx (B) LF gaiters median weekdays & (1) Trendelenburg gait \approx (B) leg stance during running. This deficit is not noticeable during normal gait. Pt also reported increased "bone" pain (B) LF \approx push off during sprints.	
	P: Continue \approx PT to increase LF ROM & strength. Start \approx running next session.	<i>B) leg, PT, MS, CRN</i>
	Addendum: Next visit is last approved visit per insurance, will discuss fit pt fitness center program	<i>B) leg, PT, MS, CRN</i>
12/00	S: Pt states, "I have Blue Cross insurance which should cover me through 11/00".	
	O: Pt started off \approx $\frac{1}{4}$ mile jog in parking lot followed by side shuffling 6×30 yards in grass, followed by carrioles 6×30 yards followed by skipping 4×30 yards. Pt. then was instructed in and performed the exercises as outlined in sheet (1) hands side of chart. Pt finished \approx stretching B1C LF.	
	A: Pt tolerated all treatment well. Still \approx difficulty in push phase of running @ leg and skipping.	
	P: Continue \approx PT for ROM & strengthening focusing on running. Add jumps on leg press next session.	<i>B) leg, PT, MS, CRN</i>
11/22/00	S: Pt. states "I was able to walk all over Lower Manhattan yesterday in infirmary \approx pain. We have definitely made progress."	
	O: Pt started off \approx 2 laps around parking lot \approx $\frac{1}{4}$ mile jog followed by LF carrioles 6×30 yards in the grass pt then was instructed in and performed the exercises as outlined in the sheet (1) hands side of chart. Pt instructed to attempt jumping rope and black + bend hip. Home exercises on own. Pt responded understanding.	
	A: Pt tolerated all treatment well. Pt to be seen for 2 more visits then d/c.	
	P: Continue \approx PT for ROM & strength (B) hip for 2 more visits	<i>B) leg, PT, MS, CRN</i>

Muhlenberg Hospital Center
2545 Schoenersville Road
Bethlehem, PA 18017-7384

PHYSICAL THERAPY PROGRESS NOTES
SEQ# 1235 (5/91)


**MUHLENBERG
HOSPITAL CENTER**
 PHYSICAL OCCUPATIONAL SPEECH THERAPY

10/25/00

 Muhlenberg Hospital (Phone: 861-2251 / Fax: 882-2917)

 Pointe North Clinic (Phone: 861-4245 / Fax: 861-2595)

2545 Schoenersville Rd. • Bethlehem, PA 18017-7384

PROGRESS REPORT / RECERTIFICATION / DISCHARGE SUMMARY

Patient Name

Account Number

Diagnosis

Medicare Recertification Period

Vail, Kenneth	6458740	(R) hip fx	10
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Dear Dr. Reid

The above patient has been receiving therapy at Muhlenberg Hospital Center's Outpatient Rehabilitation Department. The treatment program has included: modalities prn (HP, CP) progressive resistive exercise to increase strength and ROM, and Home Exercise Program instruction.

and has occurred from 9/18/00 to 10/25/00. Total # of Treatments: 11 Cancellations: No Shows:

Current work status: N/A Full Duty Not Working Modified Duty (Working from Home)

SUBJECTIVE / OBJECTIVE: Mr. Vail reports that he only has pain at end range of motion in (R) hip & overpressure. Pt's (R) hip ROM is WNL except (+) Thomas test for (R) iliopsoas m. tightness and (R) IT Band tightness.

Strength: (R) hip mmr open chain 5/5. Functionally pt continues in a slight (+) Trendelenburg sign (R) hip & single leg stance phase and initial contact phase of jogging.

Function: Pt has tolerated mountain biking off road and has begun jogging at 4.5 mph on a treadmill for 1 min. x 1 session. Pt is ambulating independently in an assistive device.

GOALS

New [N] Unmet [U] Met [M] Target Date

Pt will tolerate 5 min of easy jogging = (-) Trendelenburg sign (R) hip in single leg stance.			2 wks
Pt will increase (R) iliopsoas m. and (R) IT Band ROM to WNL			2 wks
Pt will be independent in a Home Exercise Program and continue on in a fitness program			Ongoing

ASSESSMENT: Mr. Vail is a 42 y.o. W/M s/p traumatic (R) hip fx. Pt has made significant progress in ROM, mobility and strength. Will benefit from continued PT to maximize function.

PLAN OF CARE: Pt. will be seen by PT 2-3 x/wk for 2 more weeks for functional ROM and strength training and then will be discharged to a fitness program.

Sincerely, *Brian J. Boyle PT, MS, CSCS* (BRIAN J. BOYLE PT, MS, CSCS)
Therapist

New Orders

Continue therapy for: D/C Hold

PHYSICIAN CERTIFICATION / RECERTIFICATION

I have reviewed the plan of care and certify the need for the services described on the plan.

Physician Signature: _____ Date: _____

PATIENT NAME:

PATIENT I.D.#

The logo for Penn State Milton S. Hershey Medical Center. It features the words "PENN STATE" in a bold, serif font above "Milton S. Hershey Medical Center" and "The College of Medicine". A small graphic of a building is positioned between "PENN STATE" and "Milton S. Hershey Medical Center".

NAME: VAIL, KENNETH T
MD: REID J SPENCE
MRN: 1072398
DOB: 11/16/1957
INS: BLUE CROSS OUT OF
LOC: ORT1
OOS#: 1100385

MD#: 24204
SEX: M

SEX: M

VISIT DATE: 11/01/2000

PCS 22 6/00

AGE 11 DATE 11/17/00

Label All Prescriptions
Refill Times

R P.T. and pd 3x/wk
Recorded in **R** H.P. Abd. str.

PRE's NAV 2000

PRE's
~~Continue through Nov 2003~~

Spence Reid

NAME (Please Print)

NP 038406 E

LICENSE

DE A. REG. NO.

M.D./D.O.

SUBSTITUTION PERMISSIBLE **M.D./D.D.**
IN ORDER FOR A BRAND NAME
PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HANDWRITE "BRAND
NECESSARY" OR "BRAND MEDICALLY
NECESSARY" IN THE SPACE BELOW.

Muhlenberg Hospital Center
2545 Schoenersville Road
Albemarle, PA 18017-7384

PHYSICAL THERAPY PROGRESS NOTES
SEQ# 1235 (5/91)

PATIENT NAME: Vail, Kenneth

PATIENT I.D.# 64587470

10/5: Pt reports feeling as if he got a good workout today. "I will sleep good tonight"

o: Pt started \in treadmill \times 5 min followed by ex and stretches as per flow sheet. \in addition of slide board. Pt also assessed jogging on treadmill \times 1 min. Demonstrated slight Trendelenburg gait \in increased speed.

A: Pt tolerated all treatment well.

P: Cont. to progress ex as tolerated \in addition of light jog on treadmill.

Deanne L. Donner SPT / B.J. Bly PT, MS, CHT

10/10: S: Pt states, "I'm doing great!"

o: Pt started off \in treadmill for 11 min total \in 1-5 min walk then 30 sec run @ 4.7 mph and then walk and continue cycle until time was up. Pt. then was instructed in and performed trv \in as outlined in chart. Pt. finished \in stretching and treadmill \times 5 min.

A: Pt tolerated all treatment well. Did well \in the running on the treadmill.

P: Continue \in PT \times 4 more weeks per new prescription 2x/wk. B.J. Bly PT, MS, CHT

10/15: S: Pt states, "I stood on my feet last night for \sim 3 hrs. so I am sore today. I really was not too sore \in the last session."

o: Pt. started off \in 1 min walking followed by 30 sec of jogging @ 4.7 mph repeated 3 times.

Pt. then finished \in 5 min of walking on treadmill. Pt. then instructed in and performed shortened workout as outlined in sheet (1) hand side of chart. Reduced weight & reps as noted per pt. request. Pt. finished \in stretching B/L L/E.

A: Pt tired from last 2 days and unable to tolerate full session.

P: Continue \in PT for (2) hip ROM & strengthening trv \in B.J. Bly PT, MS, CHT

11/13/02: S: Pt states, "I feel great today. Much better than I did last session!"

o: Pt started off on treadmill as follows: 1 min walk, 1 min run (@ 4.7 mph), 1 min walk, followed by 1 min run (@ 4.9 mph), 1 min walk, 1 min run (@ 5 mph), 1 min walk, 45 sec jog (@ 4.9 mph), 1 min walk, 30 sec run (@ 5.5 mph), 30 sec walk, 30 sec run (@ 5.5 mph). Pt. then performed trv \in as outlined in sheet (1) hand side of chart. Pt. finished \in stretching trv \in . Pt instructed to continue \in HEP.

A: Pt. tolerated all treatment well. Progressing \in running.

P: Next session start \in sprinting outside and jumping rope B.J. Bly PT, MS, CHT

Muhlenberg Hospital Center
15 Schoenersville Road
Bethlehem, PA 18017-7384

PHYSICAL THERAPY PROGRESS NOTES
SEQ# 1235 (5/91)

T	PATIENT NAME: Vil, Kenneth	PATIENT I.D.# 64587470
10/10/00	S: Pt states, "My Hamstrings are really sore today. I went pretty hard on my bike the other day, but I am surprised they are so sore." D: Pt started off in treadmill walking x 12 min followed by ther ex as outlined in sheet ① hamstrings of chart. Pt finished in stretching x 5 min. Pt instructed not to perform HEP later but wait until next session 10/11/00 2 ^o Delayed onset muscle soreness. Pt reported weakness.	
	A: Pt tolerated all treatment well. Added squats and lunges S reported problems. P: Continue in PT to increase ROM & strength <i>RJ Bough PT, MS, CRR</i>	
10/11/00	S: Pt states, "I just stretched yesterday and I feel better today. Definitely pleased in my progress". D: Pt started off in treadmill walking x 12 min followed by ther ex as outlined in sheet ② hamstrings of chart. Pt finished in treadmill x 10 min and fast stepping ③ LC.	
	A: Pt tolerated all treatment well. Progressing nicely. P: Continue in PT to increase ROM & strength ② LC <i>RJ Bough PT, MS, CRR</i>	
10/16/00	S: Pt states, "I was a little stiff p the last treatment session but a little stretching to day after and I was fine." D: Pt started off in treadmill x 12 min followed by exercise as outlined in sheet ① hamstrings & chart. Pt continues to lack ② hip extensor strength in gait. Added ③ iliofemoral stretch 2 ^o pt tight in that muscle. Pt finished in bike x 10 min.	
	A: Pt tolerating all treatment well. Progressing toward all goals. P: Continue in PT to increase ROM & strength ② hip. <i>RJ Bough PT, MS, CRR</i>	
10/18/00	S: Pt states, "I noticed yesterday for the first time that I didn't need to over ^{over} think about my walking". D: Pt started off in treadmill x 8 min followed by ther ex as outlined in sheet ① hamstrings & chart. Many exercises were excluded this date 2 ^o pt. time constraints. Pt instructed to continue in HEP on own.	
	A: Pt tolerated all treatment well. Progressing nicely. P: Progress to quick gait / light jog and continue ther ex to increase ROM & strength <i>RJ Bough PT, MS, CRR</i>	

Muhlenberg Hospital Center
145 Schoenersville Road
Bethlehem, PA 18017-7384

PHYSICAL THERAPY PROGRESS NOTES
SEQ# 1235 (5/91)

DATE	PATIENT NAME:	PATIENT I.D.#
9/18/00	Vail, Kenneth	64587470
9/18/00	Pt was seen by PT for initial examination. Please refer to consult for details. — <i>B.J. Brey, PT, MS, CRRN</i>	
9/20/00	S: Pt states, "I have had no problems w/ my home exercise program."	
	O: Pt started off w/ HEP to (R) hip in sidelying w/ pillow between his knees x 15 min.	
	Pt ambulating (R) w/ spec ad antalgic gait (R) LE. Pt was instructed on and performed ther ex as outlined in sheet (1) hands side of chart. Pt instructed to continue w/ one leg stance and abdominal work at home. Pt reported to ice P home.	
	A: Pt tolerated all treatment well. Should progress quickly once ROM is increased to 90°.	
	P: Continue w/ PT for (R) hip ther ex to increase ROM & strength. — <i>B.J. Brey, PT, MS, CRRN</i>	
9/25/00	S: Pt states, "I haven't had any problems and I notice things are getting a lot easier."	
	O: Pt ambulating w/ decreased antalgic gait (R) LE w/ spec. Pt started off w/ treadmill x 10 min followed by ther ex as outlined in sheet (1) hands side of chart.	
	Pt reported to ice (R) home. Pt. provided w/ black thermal.	
	A: Pt progressing well. Increased ROM ad strength (R) LE.	
	P: Continue w/ PT to increase ROM ad strength (R) LE. SLP ORIF (R) knee. — <i>B.J. Brey, PT, MS, CRRN</i>	
9/27/00	S: Pt states, "I am feeling better every day". No reported problems. Pt reports riding his bike on the roads.	
	O: Pt started off w/ treadmill x 10 min followed by flexibility ther ex ad strength ther ex as outlined in sheet (1) hands side of chart. Pt finished w/ 10 min on stationary bike.	
	A: Pt tolerated all treatment well. Progressing w/ all outcomes.	
	P: Continue w/ PT for (R) hip to increase ROM & strength. — <i>B.J. Brey, PT, MS, CRRN</i>	
10/1/00	S: Pt reports no problems & that he feels better daily.	
	O: Pt started off w/ stationary bike x 10 min followed by ther ex as outlined in the sheet (1) hands side of chart. Pt finished w/ treadmill x 10 min. Instructed pt to continue w/ HEP on own.	
	A: Pt tolerated all treatment well. Making progress toward all goals.	
	P: Continue w/ PT for strength ad ROM. — <i>B.J. Brey, PT, MS, CRRN</i>	
10/4/00	S: Pt reports "I notice a difference everyday."	
	O: Pt ambulating (R) w/ spec this season w/ only mild antalgic gait. Pt started off w/ treadmill x 10 min followed by ther ex as outlined in sheet (1) hands side of chart. Pt finished w/ Bike x 60 min.	
	A: Pt tolerated all treatment well. Will progress ther ex program next session.	
	P: Continue w/ PT to increase ROM & strength (R) LE. — <i>B.J. Brey, PT, MS, CRRN</i>	

Muhlenberg Hospital Center
343 Schoenersville Road
Bethlehem, PA 18017-7384